

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	119347	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9		1				
10	1					
11						
12						
13						
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19						
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21						
22						
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24						
25	1					
26	1					
27						
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34						
35	1					
36						
37						
38						
39						
40		1				
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	74					
TOTAL DEP.	106					
TOTAL CLAIMS	180					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

Best Available Copy